

Related Change Request (CR) #: 2979

MLN Matters Number: MM2979

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Related CR Transmittal #: R420TN

Effective Date: July 1, 2003

Implementation Date: February 2, 2004

## *Payment to Ambulatory Surgical Centers (ASCs) for G0260 and to Physicians for 27096 when 27096 is Performed in an ASC*

**Note:** This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Physicians and ambulatory surgical centers.

### Provider Action Needed

#### **STOP – Impact to You**

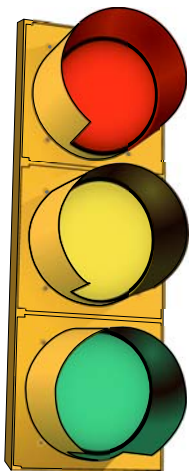
Some Medicare carriers have been reimbursing incorrectly for sacroiliac joint injection of anesthetic agents or steroids (HCPCS code G0260) when the procedure is performed in an Ambulatory Surgical Center (ASC). Also, due to several inadvertent coding conflicts, physicians at ASCs who perform an injection procedure for a sacroiliac joint, arthrography, and/or anesthetic/steroid (CPT code 27096) may be reimbursed incorrectly as well.

#### **CAUTION – What You Need to Know**

Some Medicare carriers may not have been paying the facility fee to ASCs when they billed Medicare for HCPCS code G0260—injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography. In addition, due to several inadvertent coding conflicts, physicians may not have been paid correctly for HCPCS code 27096—injection procedure for sacroiliac joint, arthrography, and/or anesthetic steroid—when administered in an ASC. Both of these issues apply to services rendered on or after July 1, 2003.

#### **GO – What You Need to Do**

Be aware that carriers reimburse a facility fee to the ASC for HCPCS code G0260 for services performed on or after July 1, 2003, and that physicians who perform HCPCS 27096 in an ASC should be reimbursed the non-facility payment amount.



#### Disclaimer

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## Background

HCPCS code G0260 (sacroiliac joint injection of anesthetic agents or steroids) was added to the list of approved ASC procedures for services performed on or after July 1, 2003 (CMS-1885-FC, 3/28/03). Therefore, when a therapeutic sacroiliac joint injection is administered to a Medicare beneficiary at an Ambulatory Surgical Center, it should be reported by the ASC as HCPCS code G0260.

HCPCS code G0260, however, is **not** payable under the Medicare Physician Fee Schedule (MPFS).

Physicians use CPCS code 27096 to bill for sacroiliac joint injection of anesthetic agents or steroids. Since HCPCS code 27096 was **not** on the list of Medicare approved ASC procedures, physicians may have been overpaid when performing this procedure in an ASC.

To rectify this problem, carriers have been instructed to add CPT code 27096 to their file of ASC approved procedures. Physicians who perform a sacroiliac joint injection of anesthetic agents or steroids (CPT code 27096) will now be reimbursed at the correct rate under the Medicare physician fee schedule.

Please note that, for those Medicare carriers who did not make this change in a timely manner, there is a time lag between the effective date of July 1, 2003 and their new implementation date of February 2, 2004. Given this difference, claims that are submitted on or after the effective date for date of service, but **prior** to the implementation date, will be processed under the old rules. If this has affected your payments, you may wish to submit adjustment claims after February 2 in order to correct the payment.

## Additional Information

The official instruction issued to your carrier regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R420TN.pdf> on the CMS web site.

If you have additional questions, contact your Medicare carrier at their toll free number. If you do not have that number, you may find it at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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